

Prompt Payment Report

Health Plan ID: 2162934
 Health Plan Name: AmeriHealth Caritas Louisiana
 Health Plan Contact: ***
 Contact Email: ***
 Report Period Start Date: 20130701
 Report Period End Date: 20130930

BAYOU HEALTH Reporting

Document ID: PI221
 Document Name: Prompt Payment Report
 Reporting Frequency: Quarterly
 Report Due Date: 20131030
 File Type: Excel
 Subject Matter: Informatics (I)

Clean Claim Information						# of Claims Processed In Reporting Period/Percentage							
Claim Type	Description	Claims Received	\$ Amount Paid	Avg Days Cycle ¹	Claims Processed	Business Days		Calendar Days					
						01-15	%	1-30	%	31-90	%	>90	%
01	Inpatient Hospital	5,955	\$29,886,056.41	9.8	7,253	7,114	98.08%	7,250	99.96%	0	0.00%	3	0.04%
03	Outpatient Hospital	66,329	\$12,222,163.42	2.6	69,383	69,276	99.85%	69,381	100.00%	0	0.00%	2	0.00%
04	Professional	299,153	\$26,350,876.82	3.1	314,094	313,294	99.75%	314,045	99.98%	44	0.01%	5	0.00%
05	Rehab	2	\$0.00	15.8	4	4	100.00%	4	100.00%	0	0.00%	0	0.00%
06	Home Health	995	\$251,287.55	8	1,150	1,138	98.96%	1,150	100.00%	0	0.00%	0	0.00%
07	EMT(Transportation)	3,410	\$1,309,872.76	2.2	3,502	3,500	99.94%	3,502	100.00%	0	0.00%	0	0.00%
08	NEMT(Transportation)	19,038	\$873,069.86	12.2	19,038	17,181	90.25%	19,038	100.00%	0	0.00%	0	0.00%
09	DME	3,675	\$897,984.32	7.1	4,121	4,080	99.01%	4,121	100.00%	0	0.00%	0	0.00%
Totals		398,557	\$71,791,311.14	3.6	418,545	415,587	99.29%	418,491	99.99%	44	0.01%	10	0.00%